

2025-2026 REGISTRATIONFORM

7412 Kipling Ave. Vaughan, On L4L 1Y4 905-851-3972 www.blueveil.org

Last Updated: Aug 2025

Program Selection and Fee Schedule											
Select the program your child will be attending. Participants may attend more than one program. Please note that fees are subject to change based on ratio required. See Note below.											
PROGRAM FEES	DAY PROGRAM	TURDAY	TURDAY SOCIAL FEES:			RATIO .00	1:3 RATIO \$116.00	1:2 RA \$220.0		1:1 RATIO based on assessment	
	EXTENDED MC	RNINGS	FEE: \$45	.00			AFTERSCHOOL FEE: \$65.00AV				
SELECT PROGRAM(S)	TIME	IMF				K) SELECT				NO. OF DAYS	
			M	ı	T		<u> </u>	TH	F		
DAY PROGRAM	9:30 am – 3:00 pm									=	
EXTENDED MORNINGS	8:00 am – 9:30) am								<u> </u>	
AFTER SCHOOL	2:30 am – 5:00	2:30 am – 5:00 pm				_ L			Ш		
			SELECT SATURDAY DATE(S) 2025 2026								
			202		1						
SATURDAY SOCIAL	10:00 am –		ept. 6		ct. 18		v. 22			o. 21	☐ May 16
based on assessment	2:00 pm		ept. 13		ct. 25		v. 29			r. 11	☐ May 30
	(Sept - Jun)		ept. 20		ov. 1		c. 6	│		r. 18	☐ Jun. 6
		l —	ept. 27		ov. 8		c. 14	☐ Jan 31		r. 25	☐ Jun. 13
			Oct. 4	L N	ov. 15	□ De	c. 20	☐ Feb. 7	∐ Ma	ıy 2	☐ Jun.27
CAMPS AVAILABLE THROUGHOUT THE YEAR (Youth 13+) More information to follow											
Winter Camp - Dec.22- 2	23, 29, 30, Jan	2, 2026	1		- March 1			Summer Camp	p 2026 - July	2 to A	ug 31, 2026
·		•			NT INFO				-		
Last Name:						Age:			Gender:	□М	
First name:						Birthd	thdate: DD MM YYYY				
Address:						Grade	de: Home Tel:				
City: Postal Code:			Code:	e: Cell Tel:							
School: □ attending □ attended School I			Board: Oth			Other	progra	am(s): \square attendir	ng 🗆 attende	d	
Name of School:						Name of Program(s)					
				MEDICA	L INFORM	MATION					
Medical Conditions/Allergies	s: □ Y □ N					Epi-Pe	en requ	uired: □ Y □	□N		
List Medical Conditions/Aller	rgies:					Reaso	Reason required:				
Doctor Name & Phone #:					OHIP:						
			PARE	NT/GUA	RDIAN IN						
Last & First Name: Last & Firs											
· · · · · ·					hip to participant:						
Phone No:				ļ	Phone No:						
Email: Email:											
Emergency Name:			E	MERGEN	ICY INFO	RMATIO		no Tol:			
Emergency Name: Relationship to Registrant:						Home Tel: Work Tel:					
Relationship to Registrant: work Tel: TRANSPORTATION					ic ron						
	Ple	ease ind	icate the				n of tr	ransportation			
Form of Transportation: Transport Company Authorized Person					Time	Time of Arrival: Time of Departure:					
Transportation Company Name:						Tel:					
Name of Authorized Person:						Tel:					



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7412 Kipling Ave.

General Policies & Terms of Agreement

This Agreement begins on date signed below.

PAYMENT TERMS

- Invoices are issued monthly in advance.
- Payments accepted: cheque, credit card, cash, or etransfer to csmith8555@rogers.com.
- Invoices are due upon receipt.
- Overdue invoices beyond 60 days may result in suspension of services and possible discharge.
- NSF/returned cheques are subject to a \$25 fee.
- No refunds after the first class attended

ATTENDANCE & MISSED DAYS

- No credit is given for missed days unless one month's written notice is provided in advance.
- SEC reserves the right to cancel or reschedule classes due to insufficient enrollment or inclement weather

REFUND POLICY

- Requests for refunds must be made before the second class of a session.
- A \$25 administration fee applies.
- No refunds after the second class.
- Non-attendance does not qualify as withdrawal.

TERMINATION

- Either party may terminate this Agreement with 30 days' written notice.
- If proper notice is not provided, SEC may invoice the funding administrator for outstanding fees.
- SEC reserves the right to dismiss a participant, without refund, if conduct is harmful or disruptive, after reasonable steps to resolve concerns

INCLEMENT WEATHER

Should inclement weather force the cancellation of classes, staff, parents, and students will need to refer to the Blue Veil website at www.blueveil.org/or call the SEC line, at 905-851-3972. Every effort will be made to communicate any class cancellations by 2:00 pm for evening classes and 7:00 am for Day and Saturday morning classes. You will be notified if any fee-paying class is re-scheduled for another date or to a new location.

CONFIDENTIALITY & PRIVACY

SEC will keep all participant information confidential and use it only for program planning and safety purposes, in compliance with privacy laws.

LIABILITY & CONSENT

- Parent/guardian agrees to release and hold harmless SEC, its staff, volunteers, and directors from all claims of injury, accident, illness, property damage, or loss arising from participation.
- Parent/guardian authorizes SEC staff to seek emergency medical treatment if necessary. All related costs are the responsibility of the parent/guardian.
- SEC is not responsible for lost, stolen, or damaged
- Parent/guardian consents to the participant attending outings, traveling by bus/van/car, and participating in all program activities.

I acknowledge that I have read and accept the
General Policies and Terms of Agreement
above.

PHOTO/VIDEO CONSENT

Any photographs or video productions taken of participants by staff at recreational events or outings, or otherwise authorized by the Executive Director or Board of Directors, may be used by SEC for purposes of promotional material including brochures, posters, newsletters, media information, advertisements, audiovisual productions and on SEC website and social media. Photographs or video productions may also be shared with community and school partners for program promotion.

0	Yes, I consent to having my child's photo/video used for program and promotional use
0	No, I do not consent

NOTE: IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO NOTIFY THE OFFICE IF THE STATUS OF THIS CONSENT CHANGES.

First and Last Name of Parent/Guardian:	 	
Dated:		

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